

A Relevant Retirement



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The Department of Medicine at Weill Cornell in New York recently held a 90th birthday celebration for **Richard T. Silver, MD**, which included Medical Grand Rounds in his honor and a symposium on myeloproliferative neoplasms celebrating Dr. Silver's long-standing interest in these diseases. At the conclusion of the symposium, Dr. Silver was asked to make some remarks about retirement, which served as the basis for this article. Currently, Dr. Silver is Professor Emeritus of Medicine at Weill Cornell Medical College. He remains active in clinical investigation, writing, teaching, and mentoring junior faculty, fellows, and students.

Retirement! It is a magical but contentious word. The two most recent contenders in the U.S. presidential election, septuagenarians both, thought that age was not a barrier to running a highly combative, mentally and physically exhausting political campaign. Yet, some French railroad engineers believe a 52-year-old is too old to drive a train.

Medicine is no different. Some doctors keep pounding the medical beat until they are elderly. Others, including many hematologists and oncologists, suffer from burnout at a relatively young age and retire early or leave the profession.

Older academics are working longer in institutions of higher education worldwide.¹ Eventually, however, we all have to "give it up." But when and why?

Retirement experiences, like other sociological phenomena, have been studied extensively, including in a meta-ethnography – a systematic review identifying studies on the academic experience of retirement.² The authors of this review found that, for most individuals, retirement is characterized by continued relationships with former associates and coworkers and, eventually, a gradual disengagement. For a smaller group, the retirement pathway is more abrupt, with complete detachment from all former academic activities.

Like other professionals, one of the reasons physicians often do not wish to retire is because of a fear of cognitive decline following cessation of active mind-stimulating activities.² The "use it or lose it" hypothesis proposes that our cognitive functioning deteriorates when we are not challenged. This fear results in a proliferation of Rubik's

Cubes, crossword puzzles, studies of the Mongolian language, or anything else that presumably stimulates and preserves the aging mind.

However, evidence for the impact of retirement on the rate of cognitive decline is conflicting. Most studies have shown, at most, a very weak link between retirement and cognitive decline for individuals retiring from jobs with a high degree of complexity. Much more information is needed.³

Any negative effects of retirement may differ between occupational groups. Those who worked in occupations with high mental demands might be expected to show relatively greater cognitive decline after retirement, while those working with low mental demands would expect to show smaller changes. This hypothesis is unproven, and the mechanisms are hardly understood.

In *The Wall Street Journal*, retired war reporter Jim Michaels quipped that, for a nation that emphasizes youth, American institutions certainly spend a lot of time obsessing about retirement.⁴ The institution where I work thinks a lot about it, too. The human resources department regularly organizes events to discuss retirement and financial vehicles such as 401(k) plans.

Work keeps us busy, defines our value in society, and often gives us a social life. What happens when it all goes away?

Years ago, a patient of mine gave my son a set of the "World's 100 Best Books." My patient was moving and said he had no room for them in his new home. Besides, most of them were out of copyright so he could read the information online. My son has long since moved away, but I still have the books, and I like leafing through them from time to time. I enjoy the musty smell of the books as I flip through the pages. (I also still read newspapers and dislike getting my news on a computer screen.) As I paged through these books recently, I browsed commentaries by ancient philosophers, including Cicero's thoughts about retirement written a few thousand years ago.

Cicero said that retirement and becoming an elder were wonderful for the soul. After decades of lust, ambition, strife, and quarreling, one's battles are at last ended. With the mind no longer clouded by intense passion and desire – the source of many of the world's ills – one could now live quietly on a farm in contemplation of a life well lived.

Of course, Cicero did not need to worry about 401(k) plans, long-term health insurance, presidential elections, or getting a paper published in a medical journal. But his recommendations do evoke a fear many have when considering retirement. Work keeps us busy, defines our value in society, and often gives us a social life. What happens when it all goes away?

Maybe that's why Cicero did not follow his own advice. He did not stay on the farm to which he retired. Maybe boredom or ego got the better of him because, after he wrote his essay, he was drawn back into public life. Soon after Julius Caesar's assassination

in 44 BC, he became involved in violent infighting, and was killed by Marc Antony's soldiers as he tried to flee to Macedonia.

So, should he have stayed on the farm that he loved? I do not know how you would measure a man's worth by a solitary existence on a farm, and perhaps neither did Cicero. Basically, I'm not interested in that path. Although I admit I have had issues reconciling ambition, accomplishment, and strife, I don't think I have constantly "struggled" for decades, quarreling with family, colleagues, and patients. I certainly have not suffered from years of lust and passion.

I guess that, having reached my 90th birthday, I'm rightfully now considered an elder. For some people, that term means someone who is ready to go out to pasture, but for others – including me – "elder" has an entirely different context.

Staying relevant is more important than being an elder. Let me point out that the term "elder" is relative. Nowadays, particularly in Silicon Valley, a 45-year-old surrounded by 25-year-olds can be called an "elder." In Cabo San Lucas, at the tip of Mexico's Baja California, entrepreneur Chip Conley owns a luxury retreat on the cliffs overlooking the Pacific that offers week-long, \$5,000 sessions on how to be a "Modern Elder."⁵ He was surprised to find that the first applicants to the program ranged in age from 30 to 74 years, with an average age of 52.

The same New York Times article that reported on Mr. Conley's resort noted that older millennials, those in their mid-thirties, came of age on the cusp of the digital revolution. The arrival of Generation Z to the workplace is showing millennials what a true digital native looks like. The median age of a worker at Facebook, LinkedIn, and SpaceX is around 29 years.⁶ A recent study showed that the hiring rate in the tech sector seems to slow once someone is over the age of 34. In that context, millennials are already elders.

In medicine, we are fortunate to not suffer from the same perceptions as those in Silicon Valley. To me, what is most important is what determines a particular individual's relevance. One study found that a janitor who sweeps floors in a hospital feels more satisfied with his job than one who sweeps floors in a bank or a subway station.⁷ Finding meaning, whether as a janitor, a banker, a board chairman, or a physician, is difficult. It cannot be taught. But, if we are lucky enough and try hard enough, we can remain relevant, regardless of age, as long as we are physically able.

For me, and I hope for many elder physicians, there is a continued sense of exuberance and excitement when one is on the cutting edge of making a new clinical finding – even if it is a minor answer to a provocative and puzzling aspect of an illness. There is nothing better than connecting that discovery to the treatment of a patient who has sought your help. When it leads to the cure or remission of a disease, it is a real high. For me, the feeling of relevance has been, and remains, fantastic.

As a clinical investigator, I've published lots of articles in leading journals, given many required and invited lectures (including the requisite honorary ones), and written several

books. I am very proud of that. I have several hobbies, such as music and tennis, at which I am just okay, and lots of interests that are easily fulfilled in New York City (at least before the COVID-19 pandemic), so I wouldn't be in any way bored if I retire. But, from a personal and professional standpoint, I feel that I still excel as a physician. There is nothing more satisfying than when a patient says, "Thank you, doctor. I really appreciate what you have done for me."

And that, ladies and gentlemen, is relevant to any elder – at any age. It is what I am planning to do as long as it is meaningful and relevant.

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